

B1 (Official Form 1) (04/13)

United States Bankruptcy Court Northern District of Indiana				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>Gipson, William Edward Leon</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Gipson, Krystal Marie</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>Krystal Marie Volger</b>		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>3676</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>2162</b>		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>171 E 3rd St Lot 24 Bunker Hill, IN</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>171 E 3rd St Lot 24 Bunker Hill, IN</b>		
ZIPCODE <b>46970</b>			ZIPCODE <b>46914</b>		
County of Residence or of the Principal Place of Business: <b>Miami</b>			County of Residence or of the Principal Place of Business: <b>Miami</b>		
Mailing Address of Debtor (if different from street address): <b>PO Box 178 Bunker Hill, IN</b>			Mailing Address of Joint Debtor (if different from street address): <b>PO Box 178 Bunker Hill, IN</b>		
ZIPCODE <b>46914</b>			ZIPCODE <b>46914</b>		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <hr/> <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1,000,000 <input type="checkbox"/> \$1,000,001 to \$5,000,000 <input type="checkbox"/> \$5,000,001 to \$10,000,000 <input type="checkbox"/> \$10,000,001 to \$50,000,000 <input type="checkbox"/> \$50,000,001 to \$100,000,000 <input type="checkbox"/> \$100,000,001 to \$500,000,000 <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1,000,000 <input type="checkbox"/> \$1,000,001 to \$5,000,000 <input type="checkbox"/> \$5,000,001 to \$10,000,000 <input type="checkbox"/> \$10,000,001 to \$50,000,000 <input type="checkbox"/> \$50,000,001 to \$100,000,000 <input type="checkbox"/> \$100,000,001 to \$500,000,000 <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Gipson, William Edward Leon & Gipson, Krystal Marie****All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **None**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X /s/ DREW C. RHED****11/26/13**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Gipson, William Edward Leon & Gipson, Krystal M****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ William E L Gipson

Signature of Debtor

**William E L Gipson**X /s/ Krystal M Gipson

Signature of Joint Debtor

**Krystal M Gipson**

Telephone Number (If not represented by attorney)

**November 26, 2013**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***X /s/ DREW C. RHED

Signature of Attorney for Debtor(s)

**DREW C. RHED IN 21797-64****William H. O'Toole & Associates****101 Beverly Dr Ste B****Chesterton, IN 46304-3471****(219) 359-3161 Fax: (219) 359-3171****office@rhedlaw.com****November 26, 2013**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**United States Bankruptcy Court  
Northern District of Indiana**

IN RE:

Case No. \_\_\_\_\_

Gipson, William Edward Leon

Chapter **7**

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ William E L GipsonDate: November 26, 2013

**United States Bankruptcy Court  
Northern District of Indiana**

IN RE:

Case No. \_\_\_\_\_

Gipson, Krystal Marie

Chapter **7**

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Krystal M GipsonDate: November 26, 2013

## UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)  
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your



discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$46 administrative fee: Total fee \$1213)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**United States Bankruptcy Court  
Northern District of Indiana**

**IN RE:**

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**Chapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Gipson, William Edward Leon & Gipson, Krystal Marie****X /s/ William E L Gipson****11/26/2013**

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Krystal M Gipson****11/26/2013**

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.



**United States Bankruptcy Court  
Northern District of Indiana**

IN RE:

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **1,100.00**

Prior to the filing of this statement I have received ..... \$ **1,100.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]

**Please consult attached "Attorney-Client Agreement".**

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Please consult attached "Attorney-Client Agreement".**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 26, 2013**

Date

**/s/ DREW C. RHED**

**DREW C. RHED IN 21797-64  
William H. O'Toole & Associates  
101 Beverly Dr Ste B  
Chesterton, IN 46304-3471  
(219) 359-3161 Fax: (219) 359-3171  
office@rhdclaw.com**

**United States Bankruptcy Court  
Northern District of Indiana**

**IN RE:**

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**Chapter **7**

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

**1. Income from employment or operation of business**

☐ **None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**24,319.00 2011 Gross Income as Reported on IRS Form 1040**

**38,028.00 2012 Gross Income as Reported on IRS Form 1040**

**34,434.28 2013 YTD Income**

**Debtor: \$30,850.03**

**Spouse: \$3,584.25**

**2. Income other than from employment or operation of business**

☒ **None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**3. Payments to creditors***Complete a. or b., as appropriate, and c.*

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**5. Repossessions, foreclosures and returns**

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**6. Assignments and receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**7. Gifts**

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND  
VALUE OF PROPERTY  
**\$1,000 cash.**

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN  
WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS  
**Gambling at Blue Chip Casino in Michigan City, IN.**

DATE OF LOSS  
**Jan 2013 - Feb  
2013**

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Drew C. Rhed, Esq.</b> <b>101 Beverly Drive</b> <b>Chesterton, IN 46304-2280</b>		<b>1,100.00</b>

**Please refer to the attached "Attorney-Client Agreement."**

**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Metabank/ NetSpend Online Banking</b> <b>PO Box 2136</b> <b>Austin, TX 78768-2136</b>	<b>Online checking account</b>	<b>\$-95.00 June 2013</b>

**12. Safe deposit boxes**

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
<b>806 N. Karwick Road, Michigan City, IN</b>	<b>William &amp; Krystal Gipson</b>	
<b>1112 Wabash Street, Apt. 3, Michigan City, IN</b>	<b>Krystal Gipson</b>	
<b>106 Poplar Street, Three Oaks, MI 49128</b>	<b>Krystal Gipson</b>	
<b>2318 Normandy Drive, Apt. 1-A, Michigan City, IN</b>	<b>William &amp; Krystal Gipson</b>	

29 Jean Ave. Apt D Peru, IN 46940

06/13 - 09/13

372 East 5th Street Apt B Peru, IN 46340

03/13 - 06/13

421 Benton Street Apt C Michigan City, IN

06/12 - 03/13

**16. Spouses and Former Spouses**

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 26, 2013** Signature /s/ William E L Gipson  
of Debtor **William E L Gipson**

Date: **November 26, 2013** Signature /s/ Krystal M Gipson  
of Joint Debtor **Krystal M Gipson**  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

**B22A (Official Form 22A) (Chapter 7) (04/13)**In re: Gipson, William Edward Leon & Gipson, Krystal Marie  
Debtor(s)Case Number: \_\_\_\_\_  
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises
- ☒ The presumption does not arise
- ☐ The presumption is temporarily inapplicable.

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME  
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

**Part I. MILITARY AND NON-CONSUMER DEBTORS**

<b>1A</b>	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
<b>1B</b>	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
<b>1C</b>	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="padding-left: 40px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="padding-left: 40px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="padding-left: 40px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>



## B22A (Official Form 22A) (Chapter 7) (04/13)

## Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>											
All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>									
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		\$ <b>3,860.44</b>									
4	<p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" data-bbox="188 894 1175 1037"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary business expenses	\$	c.	Business income	Subtract Line b from Line a	\$
a.	Gross receipts	\$										
b.	Ordinary and necessary business expenses	\$										
c.	Business income	Subtract Line b from Line a										
5	<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" data-bbox="188 1188 1175 1331"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary operating expenses	\$	c.	Rent and other real property income	Subtract Line b from Line a	\$
a.	Gross receipts	\$										
b.	Ordinary and necessary operating expenses	\$										
c.	Rent and other real property income	Subtract Line b from Line a										
6	<b>Interest, dividends, and royalties.</b>		\$									
7	<b>Pension and retirement income.</b>		\$									
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>		\$									
9	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" data-bbox="188 1738 1175 1852"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ _____</td> <td>Spouse \$ _____</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____										

**B22A (Official Form 22A) (Chapter 7) (04/13)**

10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$		
a.		\$							
b.		\$							
	Total and enter on Line 10	\$	\$						
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	<b>3,860.44</b>						
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$	<b>3,860.44</b>						
<b>Part III. APPLICATION OF § 707(B)(7) EXCLUSION</b>									
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$	<b>46,325.28</b>						
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Indiana</u> b. Enter debtor's household size: <u>3</u>	\$	<b>58,916.00</b>						
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.								

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>												
16	<b>Enter the amount from Line 12.</b>	\$										
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.											
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$		
a.		\$										
b.		\$										
c.		\$										
	Total and enter on Line 17.	\$										
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$										
<b>Part V. CALCULATION OF DEDUCTIONS FROM INCOME</b>												
<b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b>												
19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$										

**B22A (Official Form 22A) (Chapter 7) (04/13)**

<b>19B</b>	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Persons under 65 years of age</th><th colspan="3" style="text-align: left; padding: 2px;">Persons 65 years of age or older</th></tr> <tr> <td style="width: 5%; padding: 2px;">a1.</td><td style="width: 75%; padding: 2px;">Allowance per person</td><td style="width: 20%;"></td><td style="width: 5%; padding: 2px;">a2.</td><td style="width: 75%; padding: 2px;">Allowance per person</td><td style="width: 20%;"></td></tr> <tr> <td style="padding: 2px;">b1.</td><td style="padding: 2px;">Number of persons</td><td></td><td style="padding: 2px;">b2.</td><td style="padding: 2px;">Number of persons</td><td></td></tr> <tr> <td style="padding: 2px;">c1.</td><td style="padding: 2px;">Subtotal</td><td></td><td style="padding: 2px;">c2.</td><td style="padding: 2px;">Subtotal</td><td></td></tr> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		\$
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
<b>20A</b>	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$																								
<b>20B</b>	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; padding: 2px;">a.</td><td style="width: 65%; padding: 2px;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%; padding: 2px;">\$</td></tr> <tr> <td style="padding: 2px;">b.</td><td style="padding: 2px;">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="padding: 2px;">\$</td></tr> <tr> <td style="padding: 2px;">c.</td><td style="padding: 2px;">Net mortgage/rental expense</td><td style="padding: 2px;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																								
c.	Net mortgage/rental expense	Subtract Line b from Line a																								
<b>21</b>	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>    	\$																								
<b>22A</b>	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$																								

**B22A (Official Form 22A) (Chapter 7) (04/13)**

22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		\$									
23	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a										
24	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a										
25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>		\$									
26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>		\$									
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>		\$									
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>		\$									
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$									
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>		\$									
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>		\$									

**B22A (Official Form 22A) (Chapter 7) (04/13)**

32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>		\$									
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.		\$									
<b>Subpart B: Additional Living Expense Deductions</b> <b>Note: Do not include any expenses that you have listed in Lines 19-32</b>												
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p><b>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</b></p> <p>\$ _____</p>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$										
b.	Disability Insurance	\$										
c.	Health Savings Account	\$										
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>		\$									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>		\$									
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>		\$									
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$									
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40		\$									

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**B22A (Official Form 22A) (Chapter 7) (04/13)****Subpart C: Deductions for Debt Payment**

<b>42</b>	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> <td></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	Total: Add lines a, b and c.					\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																									
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
Total: Add lines a, b and c.																													
<b>43</b>	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	Total: Add lines a, b and c.				\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																										
a.			\$																										
b.			\$																										
c.			\$																										
Total: Add lines a, b and c.																													
<b>44</b>	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b></p>			\$																									
<b>45</b>	<p><b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 40%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$																
a.	Projected average monthly chapter 13 plan payment.	\$																											
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X																											
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																											
<b>46</b>	<p><b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.</p>			\$																									
<b>Subpart D: Total Deductions from Income</b>																													
<b>47</b>	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.</p>			\$																									

**B22A (Official Form 22A) (Chapter 7) (04/13)****Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55).	
53	<b>Enter the amount of your total non-priority unsecured debt</b>	\$
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

**Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.											
		<table border="1"> <thead> <tr> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </tbody> </table>	Expense Description	Monthly Amount	a.	\$	b.	\$	c.	\$	Total: Add Lines a, b and c	
	Expense Description	Monthly Amount										
	a.	\$										
	b.	\$										
c.	\$											
Total: Add Lines a, b and c												

**Part VIII. VERIFICATION**

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: <u>November 26, 2013</u> Signature: <u>/s/ William E L Gipson</u> <div style="text-align: right;">(Debtor)</div> Date: <u>November 26, 2013</u> Signature: <u>/s/ Krystal M Gipson</u> <div style="text-align: right;">(Joint Debtor, if any)</div>	

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



**United States Bankruptcy Court  
Northern District of Indiana**

**IN RE:**

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**Chapter **7**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 9,515.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 369.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	55		\$ 197,963.14	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,093.85
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 3,138.00
TOTAL		69	\$ 9,515.00	\$ 198,332.14	

**United States Bankruptcy Court  
Northern District of Indiana**

**IN RE:**

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>369.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>369.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>3,093.85</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>3,138.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>3,860.44</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>369.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>197,963.14</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>197,963.14</b>

Case No. \_\_\_\_\_

(If known)

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

**0.00**

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IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash</b>		<b>20.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Allegius Federal Credit Union Savings Acct. No. xxxx0565</b>	<b>H</b>	<b>145.00</b>
		<b>Wells Fargo checking account ending in xxxx-7573.</b>	<b>J</b>	<b>200.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with landlord, Hicks &amp; Sons.</b>	<b>J</b>	<b>150.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Television, computer, bedroom furniture, and miscellaneous household goods and furniture.</b>	<b>J</b>	<b>4,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Work and casual clothing: 2 adults</b>	<b>J</b>	<b>500.00</b>
7. Furs and jewelry.		<b>miscellaneous costume jewelry</b>	<b>J</b>	<b>500.00</b>
		<b>Wedding rings</b>		
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401a through Debtor's employer</b>	<b>H</b>	<b>1,500.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Earned Income Credit debtor claims 100% exemption in the same.</b>		<b>unknown</b>
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1994 Mercury Grand Marquis Purchased owns F&amp;C 130,000 miles</b>	<b>J</b>	<b>2,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>9,515.00</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

- ☐ 11 U.S.C. § 522(b)(2)  
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash	ICA §34-55-10-2(c)(3)	20.00	20.00
Allegius Federal Credit Union Savings Acct. No. xxxx0565	ICA §34-55-10-2(c)(3)	145.00	145.00
Wells Fargo checking account ending in xxxx-7573.	ICA §34-55-10-2(c)(3)	200.00	200.00
Security deposit with landlord, Hicks & Sons.	ICA §34-55-10-2(c)(3)	150.00	150.00
Television, computer, bedroom furniture, and miscellaneous household goods and furniture.	ICA §34-55-10-2(c)(2)	4,500.00	4,500.00
Work and casual clothing: 2 adults	ICA §34-55-10-2(c)(2)	500.00	500.00
miscellaneous costume jewelry	ICA §34-55-10-2(c)(2)	500.00	500.00
Wedding rings			
401a through Debtor's employer	ICA §36-8-7-22	1,500.00	1,500.00
Earned Income Credit debtor claims 100% exemption in the same.	ICA § 34-55-10-2(c)(10)	100%	unknown
1994 Mercury Grand Marquis Purchased owns F&C 130,000 miles	ICA §34-55-10-2(c)(2)	2,000.00	2,000.00



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1

continuation sheets attached

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>3676</b> <b>Indiana Dept Of Workforce Development</b> <b>ATTN: Benefit Overpayments</b> <b>10 N Senate Ave</b> <b>Indianapolis, IN 46204-2201</b>	<b>H</b>	<b>Unemployment over-payment;</b> <b>claim valid as of 11/2013.</b>				<b>369.00</b>	<b>369.00</b>	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page)

\$ **369.00** \$ **369.00** \$

Total

\$ **369.00**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **369.00** \$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>AFCS</b> <b>Suite 270</b> <b>10333 N Meridian St</b> <b>Indianapolis, IN 46290-1150</b>	<b>W</b>	<b>Medical services rendered 02/26/2012; claim valid ass of 05/2012; original creditor: Sisters of Saint Francis Medical Group.</b>				<b>180.00</b>
ACCOUNT NO. <b>Sisters Of St Francis Health Services</b> <b>Northern Indiana Region</b> <b>35682 Eagleway</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: AFCS</b>				
ACCOUNT NO. <b>7413</b> <b>Afni</b> <b>ATTN: BANKRUPTCY</b> <b>PO Box 3037</b> <b>Bloomington, IL 61702-3037</b>	<b>H</b>	<b>Account opened; claim valid as of 09/2010; original creditor: T-Mobile.</b>				<b>396.00</b>
ACCOUNT NO. <b>T-Mobile</b> <b>P.O. Box 742596</b> <b>Cincinnati, OH 45274-2596</b>		<b>Assignee or other notification for: Afni</b>				

54 continuation sheets attached

Subtotal  
(Total of this page) \$ **576.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0401</b> <b>Afni</b> <b>PO Box 3427</b> <b>Bloomington, IL 61702-3427</b>	<b>J</b>	<b>Original Creditor: DirecTV. Amount as of 7/21/13.</b>				<b>486.11</b>
ACCOUNT NO. <b>4100</b> <b>Allegius Federal Credit Union</b> <b>244 Ridge Rd</b> <b>Chesterton, IN 46304-1297</b>	<b>X</b>	<b>Installment account opened 01/2012; claim valid as of 03/2012. Debtor's grandmother, Marge Gipson, is co-debtor/signer.</b>				<b>6,564.00</b>
ACCOUNT NO. <b>5300</b> <b>American Financial Credit</b> <b>10333 N Meridian St Ste 70</b> <b>Indianapolis, IN 46290-1150</b>	<b>H</b>	<b>Medical services rendered 07/2011; claim valid as of 03/2012; original creditor: St. Margaret Mercy Medical.</b>				<b>99.00</b>
ACCOUNT NO. <b>St. Margaret Mercy</b> <b>37621 Eagle Way</b> <b>Chicago, IL 60678-1376</b>		<b>Assignee or other notification for:</b> <b>American Financial Credit</b>				
ACCOUNT NO. <b>nown</b> <b>Anytime Fitness</b> <b>4112 Franklin St</b> <b>Michigan City, IN 46360-7804</b>	<b>H</b>	<b>Account opened; claim valid as of 04/2012.</b>				<b>1,001.00</b>
ACCOUNT NO. <b>0764</b> <b>Anytime Fitness</b> <b>ABC Financial Services</b> <b>Po Box 6800</b> <b>Sherwood, AR 72124-6800</b>	<b>J</b>	<b>Health club association. Claim valid as of 11/2013.</b>				<b>104.78</b>
ACCOUNT NO. <b>2339</b> <b>Asset Acceptance Llc</b> <b>ATTENTION: BANKRUPTCY</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>	<b>W</b>	<b>Account opened 01/2012; claim valid as of 03/2012; original creditor: Fifth Third Bank.</b>				<b>475.00</b>

Sheet no. 1 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **8,729.89**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Fifth Third Bank</b> <b>PO Box 630900</b> <b>Cincinnati, OH 45263-0900</b>		<b>Assignee or other notification for:</b> <b>Asset Acceptance Llc</b>				
ACCOUNT NO. <b>7907</b> <b>Asset Acceptance Llc</b> <b>ATTENTION: BANKRUPTCY</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>	<b>W</b>	<b>Account opened 12/2011; claim valid as of</b> <b>03/2012; original creditor: Fifth Third Bank.</b>				<b>468.00</b>
ACCOUNT NO. <b>Fifth Third Bank</b> <b>PO Box 630900</b> <b>Cincinnati, OH 45263-0900</b>		<b>Assignee or other notification for:</b> <b>Asset Acceptance Llc</b>				
ACCOUNT NO. <b>2240</b> <b>AT&amp;T</b> <b>1801 Valley View Ln</b> <b>Dallas, TX 75234-8906</b>	<b>H</b>	<b>Account opened; claim valid as of 12/2012.</b>				<b>176.86</b>
ACCOUNT NO. <b>Afni</b> <b>Xxx7816-01</b> <b>1310 Martin Luther King Dr</b> <b>Bloomington, IL 61702-3427</b>		<b>Assignee or other notification for:</b> <b>AT&amp;T</b>				
ACCOUNT NO. <b>Enhanced Recovery Corp</b> <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256-7412</b>		<b>Assignee or other notification for:</b> <b>AT&amp;T</b>				
ACCOUNT NO. <b>I.C. Systsem, Inc.</b> <b>PO Box 64887</b> <b>444 Highway 96 E</b> <b>Saint Paul, MN 55127-2557</b>		<b>Assignee or other notification for:</b> <b>AT&amp;T</b>				

Sheet no. 2 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **644.86**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7717</b> <b>Bank of America</b> <b>PO Box 982238</b> <b>El Paso, TX 79998-2238</b>	<b>W</b>	<b>Revolving account opened 04/2008; claim valid as of 03/2012.</b>				<b>2,158.00</b>
ACCOUNT NO. <b>0854</b> <b>Boone County Emergency Medicine</b> <b>PO Box 804</b> <b>Lafayette, IN 47902-0804</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 01/2012.</b>				<b>360.00</b>
ACCOUNT NO. <b>0779</b> <b>Brown Mackie College</b> <b>325 E US Highway 20</b> <b>Michigan City, IN 46360-7362</b>	<b>W</b>	<b>Account opened for student loans; claim valid as of 11/2011.</b>				<b>916.76</b>
ACCOUNT NO. <b>Williams &amp; Fudge, Inc.</b> <b>PO Box 11590</b> <b>300 Chatham Ave</b> <b>Rock Hill, SC 29730-4986</b>		<b>Assignee or other notification for: Brown Mackie College</b>				
ACCOUNT NO. <b>9101</b> <b>Bureau Recovery</b> <b>1813 E Dyer Rd</b> <b>Santa Ana, CA 92705-5731</b>	<b>H</b>	<b>Account opened; claim valid as of 02/2012; original creditor: Sprint.</b>				<b>1,699.00</b>
ACCOUNT NO. <b>Sprint</b> <b>PO Box 8077</b> <b>London, KY 40742-8077</b>		<b>Assignee or other notification for: Bureau Recovery</b>				
ACCOUNT NO. <b>1649</b> <b>Cba Collection Bureau</b> <b>PO Box 5013</b> <b>Hayward, CA 94540-5013</b>	<b>W</b>	<b>Account opened 12/2010; claim valid as of 04/2011; original creditor: Comcast.</b>				<b>1,397.00</b>

Sheet no. 3 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **6,530.76**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Comcast</b> <b>1255 W North Ave</b> <b>Chicago, IL 60642-1562</b>		<b>Assignee or other notification for:</b> <b>Cba Collection Bureau</b>				
ACCOUNT NO. <b>4498</b> <b>CCSI</b> <b>PO Box 10428</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>H</b>	<b>Medical services rendered 11/03/2011; claim valid as of 03/2012; original creditor: Imaging Associates of Indiana.</b>				<b>33.00</b>
ACCOUNT NO. <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>		<b>Assignee or other notification for:</b> <b>CCSI</b>				
ACCOUNT NO. <b>nown</b> <b>Check Into Cash</b> <b>PO Box 550</b> <b>Cleveland, TN 37364-0550</b>	<b>H</b>	<b>Check return for NSF; claim valid as of 03/2012.</b>				<b>172.50</b>
ACCOUNT NO. <b>nown</b> <b>Chemical Bank</b> <b>ATTN: Bankruptcy</b> <b>11 Linden St E</b> <b>Three Oaks, MI 49128-2101</b>	<b>W</b>	<b>Account opened 08/2012; claim valid as of 12/2012.</b>				<b>unknown</b>
ACCOUNT NO. <b>9276</b> <b>Cmre Financial Services Inc.</b> <b>3075 E IMPERIAL HWY</b> <b>Suite 200</b> <b>Brea, CA 92821</b>	<b>W</b>	<b>Medical services rendered 03/2011; claim valid as of 07/2011; original creditor: Farmington ER Medical Association.</b>				<b>234.00</b>
ACCOUNT NO. <b>Farmington ER Medical Association</b> <b>28050 Grand River Ave</b> <b>Farmington Hills, MI 48336-5919</b>		<b>Assignee or other notification for:</b> <b>Cmre Financial Services Inc.</b>				

Sheet no. 4 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **439.50**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9688</b> <b>Comcast</b> <b>1255 W North Ave</b> <b>Chicago, IL 60622-1562</b>	<b>J</b>	<b>Amount as of 4/30/13.</b>				<b>584.13</b>
ACCOUNT NO. <b>8470</b> <b>Community Howard Regional Health</b> <b>PO Box 1543</b> <b>Indianapolis, IN 46206-1543</b>	<b>J</b>	<b>Medical bill. Amount as of 11/2013.</b>				<b>518.00</b>
ACCOUNT NO. <b>6661</b> <b>Convergent Healthcare Recoveries, Inc.</b> <b>124 SW Adams Street, Ste 215</b> <b>Peoria, IL 61602</b>	<b>J</b>	<b>Original Creditor: EPMG/INDIANA, PC ST ANTHONY. Amount as of 4/23/13.</b>				<b>1,604.00</b>
ACCOUNT NO. <b>9688</b> <b>Credit Management, LP</b> <b>4200 International Pkwy</b> <b>Carrollton, TX 75007-1912</b>	<b>J</b>	<b>Original Creditor: Comcast - Chicago. Amount as of 7/30/13.</b>				<b>384.47</b>
ACCOUNT NO. <b>6508</b> <b>Credit Protection Association</b> <b>ATTN: BANKRUPTCY</b> <b>PO Box 802068</b> <b>Dallas, TX 75380-2068</b>	<b>W</b>	<b>Account opened; claim valid as of 01/2011; original creditor: Comcast.</b>				<b>80.00</b>
ACCOUNT NO. <b>Comcast</b> <b>1255 W North Ave</b> <b>Chicago, IL 60642-1562</b>		<b>Assignee or other notification for: Credit Protection Association</b>				
ACCOUNT NO. <b>5594</b> <b>Crossroads Emergency Physicians LLP</b> <b>Mail Processing Center - Bankruptcy</b> <b>Dept 142</b> <b>Nashville, TN 37204-1309</b>	<b>W</b>	<b>Emergency services rendered 06/02/2012; claim valid as of 06/2012.</b>				<b>454.00</b>

Sheet no. 5 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,624.60**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7690</b> <b>Custom Collection Services Inc.</b> <b>PO Box 10428</b> <b>Merrillville, IN 46411-0428</b>	<b>J</b>	<b>Original creditor: Imaging Associate of IN. Amount as of 5/20/13.</b>				<b>1,939.00</b>
ACCOUNT NO. <b>2058</b> <b>DECA Financial Services</b> <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b>	<b>J</b>	<b>Original Creditor: Emergency Medicine of Indiana, LLC.</b>				<b>535.60</b>
ACCOUNT NO. <b>9526</b> <b>Dept Of Water Works</b> <b>532 Franklin Sq</b> <b>Michigan City, IN 46361</b>	<b>J</b>	<b>Utility services provided Debtor. Claim valid as of 11/2013.</b>				<b>unknown</b>
ACCOUNT NO. <b>nown</b> <b>Direct TV</b> <b>PO Box 6414</b> <b>Carol Stream, IL 60197</b>	<b>H</b>	<b>Account opened; claim valid as of 12/2012.</b>				<b>486.11</b>
ACCOUNT NO. <b>Focus Receivables Management</b> <b>Suite 150</b> <b>1130 Northchase Pkwy SE</b> <b>Marietta, GA 30067-6413</b>		<b>Assignee or other notification for: Direct TV</b>				
ACCOUNT NO. <b>4231</b> <b>Direct TV</b> <b>PO Box 6550</b> <b>Englewood, CO 80155</b>	<b>W</b>	<b>Account for utility services. Claim valid as of 11/2013.</b>				<b>43.43</b>
ACCOUNT NO. <b>0133</b> <b>Duke's Memorial Hospital</b> <b>275 W 12th Street</b> <b>Peru, IN 46970-2516</b>	<b>J</b>	<b>Hospital stay. Amount as of 6/13/13.</b>				<b>2,275.40</b>

Sheet no. 6 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,279.54**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2310</b> <b>Duke's Physician Services</b> <b>PO Box 4853</b> <b>Belfast, ME 04915</b>	<b>J</b>					<b>264.00</b>
ACCOUNT NO. <b>Duke's Physician Services</b> <b>PO Box 4853</b> <b>Belfast, ME 04915</b>	<b>J</b>					<b>134.00</b>
ACCOUNT NO. <b>Unk</b> <b>Dukes Memeriol</b> <b>275 W 12th St</b> <b>Peru, IN 46970</b>	<b>J</b>	<b>Emergency room visits. Claim valid as of 11/2013.</b>				<b>unknown</b>
ACCOUNT NO. <b>5782</b> <b>Enhanced Recovery Company, LLC</b> <b>8014 Bayberry Rd.</b> <b>Jacksonville, FL 32256-7412</b>	<b>J</b>	<b>Original creditor: Sprint. Amount as of 5/6/13.</b>				<b>1,849.53</b>
ACCOUNT NO. <b>nown</b> <b>EOS CCA</b> <b>700 Longwater Dr</b> <b>Norwell, MA 02061-1624</b>	<b>H</b>	<b>Account opened; claim valid as of 01/2012; original creditor: AT&amp;T.</b>				<b>149.88</b>
ACCOUNT NO. <b>AT&amp;T</b> <b>1801 Valley View Ln</b> <b>Dallas, TX 75234-8906</b>		<b>Assignee or other notification for: EOS CCA</b>				
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>H</b>	<b>Emergency medical services rendered 11/03/2011; claim valid as of 12/2011; original creditor: St. Anthony Memorial, Mary Wells, NP.</b>				<b>647.00</b>

Sheet no. 7 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,044.41**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 09/18/2011; claim valid as of 10/2011; original creditor: St. Anthony Memorial, Danial Saviano, MD.</b>				<b>947.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 10/24/2011; claim valid as of 11/2011; original creditor: St. Anthony Memorial, Mary Wells, NP.</b>				<b>647.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 11/15/2011; claim valid as of 12/2011; original creditor: St. Anthony Memorial, Shaukat Chaudhry, MD.</b>				<b>727.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 11/25/2011; claim valid as of 12/2011; original creditor: St. Anthony Memorial, Mary Wells, NP.</b>				<b>647.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 12/03/2011; claim valid as of 01/2012; original creditor: St. Anthony Memorial, Daniel Saviano, MD.</b>				<b>419.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 12/14/2011; claim valid as of 12/2011; original creditor: St. Anthony Memorial, Shaukat Chaudhry, MD.</b>				<b>647.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 02/25/2012; claim valid as of 03/2012; original creditor: St. Anthony Memorial, Lazo Krstevski, MD.</b>				<b>1,051.00</b>

Sheet no. 8 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,085.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 03/03/2012;</b> <b>claim valid as of 04/2012; original creditor: St.</b> <b>Anthony Memorial, Kim Pflughaupt, NP.</b>				<b>675.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 03/31/2012;</b> <b>claim valid as of 04/2012; original creditor: St.</b> <b>Anthony Memorial, Daniel Saviano, MD.</b>				<b>1,051.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 04/04/2012;</b> <b>claim valid as of 05/2012; original creditor: St.</b> <b>Anthony Memorial, Orlando Cruz, MD.</b>				<b>395.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 04/07/2012;</b> <b>claim valid as of 05/2012; original creditor: St.</b> <b>Anthony Memorial, Easa Ghoreishi, MD.</b>				<b>989.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 04/09/2012;</b> <b>claim valid as of 05/2012; original creditor: St.</b> <b>Anthony Memorial, Ayoola Awofadeju, MD.</b>				<b>989.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 04/11/2012;</b> <b>claim valid as of 05/2012; original creditor: St.</b> <b>Anthony Memorial, Mary Wells, NP.</b>				<b>989.00</b>
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 04/21/2012;</b> <b>claim valid as of 05/2012; original creditor: St.</b> <b>Anthony Memorial, David Hunnius, MD.</b>				<b>737.00</b>

Sheet no. 9 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,825.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Emergency medical services rendered 04/22/2012; claim valid as of 05/2012; original creditor: St. Anthony Memorial, Birute Pumputis, MD.</b>				<b>675.00</b>
ACCOUNT NO. <b>9451</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 01/25/2012 by Ayoola Awofadeju, MD, St. Anthony Memorial; claim valid as of 03/2012.</b>				<b>741.00</b>
ACCOUNT NO. <b>7505</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 04/21/2012 by David Hunnius, MD, St. Anthony Memorial; claim valid as of 12/2012.</b>				<b>742.00</b>
ACCOUNT NO. <b>2038</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 10/17/2012 by Marc Headapohl, MD; claim valid as of 12/2012; original creditor: Lakeland Hospital, Niles, MI.</b>				<b>675.00</b>
ACCOUNT NO. <b>Lakeland Healthcare</b> <b>31 N Saint Joseph Ave</b> <b>Niles, MI 49120-2207</b>		<b>Assignee or other notification for: EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>3670</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 10/03/2012 by Megan Schrader, DO; claim valid as of 12/2012; original creditor: Lakeland Hospital, Niles, MI.</b>				<b>675.00</b>
ACCOUNT NO. <b>Lakeland Healthcare</b> <b>31 N Saint Joseph Ave</b> <b>Niles, MI 49120-2207</b>		<b>Assignee or other notification for: EPMG Of Indiana, PC</b>				

Sheet no. 10 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,508.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5939</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 09/24/2012 by Christopher Trigger, MD; claim valid as of 12/2012; original creditor: Lakeland Hospital, Niles, MI.</b>				<b>737.00</b>
ACCOUNT NO. <b>Lakeland Healthcare</b> <b>31 N Saint Joseph Ave</b> <b>Niles, MI 49120-2207</b>		<b>Assignee or other notification for:</b> <b>EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>6473</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 09/21/2012 by Michael Callahan, PA; claim valid as of 12/2012; original creditor: Lakeland Hospital, Niles, MI.</b>				<b>989.00</b>
ACCOUNT NO. <b>Lakeland Healthcare</b> <b>31 N Saint Joseph Ave</b> <b>Niles, MI 49120-2207</b>		<b>Assignee or other notification for:</b> <b>EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>4923</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 09/20/2012 by Megan Schrader, DO; claim valid as of 12/2012; original creditor: Lakeland Hospital, Niles, MI.</b>				<b>737.00</b>
ACCOUNT NO. <b>Lakeland Healthcare</b> <b>31 N Saint Joseph Ave</b> <b>Niles, MI 49120-2207</b>		<b>Assignee or other notification for:</b> <b>EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>0645</b> <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 11/29/2012; claim valid as of 12/2012; original creditor: St. Anthony Memorial Hospital, Neil Malhotra, MD.</b>				<b>737.00</b>

Sheet no. 11 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,200.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>St Anthony Memorial Health - Mich 35600 Eagle Way Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>9628</b> <b>EPMG Of Indiana, PC PO Box 96208 Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 12/02/2012; claim valid as of 12/2012; original creditor: St. Anthony Memorial Hospital, Sanaz Hamidi, MD.</b>				<b>675.00</b>
ACCOUNT NO. <b>St Anthony Memorial Health - Mich 35600 Eagle Way Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>8030</b> <b>EPMG Of Indiana, PC PO Box 96208 Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 12/07/2012; claim valid as of 12/2012; original creditor: St. Anthony Memorial Hospital, Neil Malhotra, MD.</b>				<b>675.00</b>
ACCOUNT NO. <b>St Anthony Memorial Health - Mich 35600 Eagle Way Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: EPMG Of Indiana, PC</b>				
ACCOUNT NO. <b>3188</b> <b>EPMG Of Indiana, PC PO Box 96208 Oklahoma City, OK 73143-6208</b>	<b>W</b>	<b>Medical services rendered 12/14/2012; claim valid as of 12/2012; original creditor: St. Anthony Memorial Hospital, Kelly McShane, NP.</b>				<b>390.00</b>
ACCOUNT NO. <b>St Anthony Memorial Health - Mich 35600 Eagle Way Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: EPMG Of Indiana, PC</b>				

Sheet no. 12 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,740.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8744</b> <b>Fifth Third Bank</b> <b>FIFTH THIRD BANK BANKRUPTCY DEPARTMENT</b> <b>1830 E Paris Ave SE</b> <b>Grand Rapids, MI 49546-6253</b>	<b>W</b>	<b>Revolving account opened 02/2011; claim valid as of 12/2011.</b>				<b>273.00</b>
ACCOUNT NO. <b>7222</b> <b>Fifth Third Bank</b> <b>FIFTH THIRD BANK BANKRUPTCY DEPARTMENT</b> <b>1830 E Paris Ave SE</b> <b>Grand Rapids, MI 49546-6253</b>	<b>J</b>	<b>Revolving account opened 05/2011; claim valid as of 01/2012.</b>				<b>468.71</b>
ACCOUNT NO. <b>6717</b> <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 05/2012; original creditor: unknown.</b>				<b>717.33</b>
ACCOUNT NO. <b>7084</b> <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>	<b>W</b>	<b>Medical services rendered 09/18 and 10/15/2011; claim valid as of 05/2012; original creditor: unknown.</b>				<b>1,424.00</b>
ACCOUNT NO. <b>6717</b> <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>	<b>W</b>	<b>Medical services rendered on multiple dates; claim valid as of 05/2012; original creditor: unknown.</b>				<b>3,084.90</b>
ACCOUNT NO. <b>5388</b> <b>Four County Counseling Center</b> <b>1015 Michigan Ave</b> <b>Logansport, IN 46947</b>	<b>W</b>	<b>Medical services provided Debtor. Claim valid as of 11/2013.</b>				<b>832.90</b>
ACCOUNT NO. <b>1217</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>H</b>	<b>Medical services rendered 11/03/2011; claim valid as of 12/2012.</b>				<b>426.03</b>

Sheet no. 13 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,226.87**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>8DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 08/12/2011; claim valid as of 12/2012.</b>				<b>147.00</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>9DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 08/28/2011 by Ayoola Awofadeju, MD; claim valid as of 12/2012.</b>				<b>739.43</b>
ACCOUNT NO. <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 14 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **886.43**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramed Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>1DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 08/29/2011 by Linda Tylka, NP; claim valid as of 12/2012.</b>				<b>333.26</b>
ACCOUNT NO. <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramed Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 15 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **333.26**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>0DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 09/18/2011; claim valid as of 12/2012.</b>				<b>2,387.49</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>7DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 10/04/2011; claim valid as of 12/2012.</b>				<b>255.31</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 16 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,642.80**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>0DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 10/07/2011; claim valid</b> <b>as of 12/2012.</b>				<b>451.14</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>2DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 10/15/2011; claim valid</b> <b>as of 12/2012.</b>				<b>321.15</b>

Sheet no. 17 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **772.29**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>ODMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 10/24/2011; claim valid</b> <b>as of 12/2012.</b>				<b>1,067.75</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 18 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,067.75**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 11/04/2011; claim valid as of 12/2012.</b>				<b>1,593.90</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>0DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 11/16/2011; claim valid as of 12/2012.</b>				<b>481.58</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				

Sheet no. 19 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,075.48**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>5DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 11/17/2011; claim valid as of 12/2012.</b>				<b>130.52</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>9DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 11/20/2011; claim valid as of 12/2012.</b>				<b>135.57</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 20 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **266.09**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Miramed Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>9DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 12/03 and 12/04/2011;</b> <b>claim valid as of 12/2012.</b>				<b>508.79</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramed Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>9DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 12/14/2011; claim valid</b> <b>as of 12/2012.</b>				<b>1,180.47</b>

Sheet no. 21 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,689.26**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>6DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 12/16/2011; claim valid as of 12/2012.</b>				<b>260.04</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 22 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **260.04**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 12/21/2011; claim valid as of 12/2012.</b>				<b>1,050.52</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>3DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 12/25/2011; claim valid as of 12/2012.</b>				<b>127.05</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				

Sheet no. 23 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,177.57**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>8DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 12/27/2011; claim valid as of 12/2012.</b>				<b>1,193.07</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>5DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 01/12/2012; claim valid as of 12/2012.</b>				<b>472.20</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 24 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,665.27**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>9DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 01/25/2012; claim valid</b> <b>as of 12/2012.</b>				<b>420.80</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>7DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 02/01/2012 by Sanaz</b> <b>Hamidi, MD; claim valid as of 12/2012.</b>				<b>653.00</b>

Sheet no. 25 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,073.80**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>3DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 03/03/2012; claim valid</b> <b>as of 12/2012.</b>				<b>1,157.33</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 26 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,157.33**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 04/01/2012; claim valid as of 12/2012.</b>				<b>2,008.00</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>9DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 04/20/2012; claim valid as of 12/2012.</b>				<b>7,973.74</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for: Franciscan</b>				

Sheet no. 27 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **9,981.74**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>4DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 04/10/2012; claim valid</b> <b>as of 12/2012.</b>				<b>3,233.98</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>6DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 04/11/2012; claim valid</b> <b>as of 12/2012.</b>				<b>1,505.95</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 28 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,739.93**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>3DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 04/21/2012; claim valid</b> <b>as of 12/2012.</b>				<b>2,363.57</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>3DMC</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered 04/24/2012; claim valid</b> <b>as of 12/2012.</b>				<b>3,004.27</b>

Sheet no. 29 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,367.84**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>9177</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>2434 Interstate Plaza Dr Ste 2</b> <b>Hammond, IN 46324-2947</b>	<b>W</b>	<b>Medical services rendered; claim valid as of</b> <b>12/2012.</b>				<b>19.00</b>
ACCOUNT NO. <b>4077</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 08/07/2012; claim valid</b> <b>as of 12/2012.</b>				<b>928.31</b>
ACCOUNT NO. <b>Miramend</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				

Sheet no. 30 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **947.31**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0090</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 08/20/2012; claim valid as of 12/2012.</b>				<b>502.62</b>
ACCOUNT NO. <b>9766</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 07/21/2012; claim valid as of 12/2012.</b>				<b>268.80</b>
ACCOUNT NO. <b>Miramед</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramед Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>8778</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 07/18/2012; claim valid as of 12/2012.</b>				<b>278.49</b>
ACCOUNT NO. <b>Miramед</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramед Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				

Sheet no. 31 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,049.91**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3059</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 07/01/2012; claim valid as of 12/2012.</b>				<b>631.95</b>
ACCOUNT NO. <b>Miraméd</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miraméd Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>3147</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 11/27/2012 by Sanaz Hamidi, MD; claim valid as of 12/2012.</b>				<b>1,111.65</b>
ACCOUNT NO. <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>4415</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 11/29/2012; claim valid as of 12/2012.</b>				<b>1,153.10</b>
ACCOUNT NO. <b>8160</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 11/15/2012; claim valid as of 12/2012.</b>				<b>1,163.79</b>

Sheet no. 32 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,060.49**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2204</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 04/04/2012; claim valid as of 12/2012.</b>				<b>506.00</b>
ACCOUNT NO. <b>4286</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 04/11/2012; claim valid as of 12/2012.</b>				<b>1,505.95</b>
ACCOUNT NO. <b>0000</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 03/31 and 04/01/2012; claim valid as of 12/2012.</b>				<b>3,828.01</b>
ACCOUNT NO. <b>Miramid</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>Miramid Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for: Franciscan</b>				
ACCOUNT NO. <b>5395</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 12/02/2012; claim valid as of 12/2012.</b>				<b>599.37</b>
ACCOUNT NO. <b>8160</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered on 11/15/2012; claim valid as of 12/2012.</b>				<b>1,163.79</b>

Sheet no. 33 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,603.12**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>8499</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 12/07/2012; claim valid as of 12/2012.</b>				<b>1,189.55</b>
ACCOUNT NO. <b>1031</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 12/13/2012; claim valid as of 12/2012.</b>				<b>498.00</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>1469</b> <b>Franciscan</b> <b>St. Anthony Health</b> <b>PO Box 4628</b> <b>Oak Brook, IL 60522-4628</b>	<b>W</b>	<b>Medical services rendered 12/14/2012; claim valid as of 12/2012.</b>				<b>616.20</b>
ACCOUNT NO. <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>		<b>Assignee or other notification for:</b> <b>Franciscan</b>				
ACCOUNT NO. <b>0368</b> <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>	<b>H</b>	<b>Medical services rendered 11/06/2011; claim valid as of 12/2012.</b>				<b>947.00</b>

Sheet no. 34 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,250.75**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>EPMG Of Indiana, PC</b> <b>PO Box 96208</b> <b>Oklahoma City, OK 73143-6208</b>		<b>Assignee or other notification for:</b> <b>Franciscan Alliance</b>				
ACCOUNT NO. <b>nown</b> <b>Franciscan Alliance</b> <b>35600 Eagle Way</b> <b>Chicago, IL 60678-1356</b>	<b>W</b>	<b>Medical services rendered 04/23 and 04/24/2012;</b> <b>claim valid as of 12/2012.</b>				<b>435.00</b>
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>Franciscan Alliance</b>				
ACCOUNT NO. <b>7173</b> <b>Healthlinc, Inc</b> <b>454 S College Ave</b> <b>Valparaiso, IN 46383-6512</b>	<b>W</b>	<b>Medical services rendered 04/06, 04/18, 05/02 and</b> <b>05/07/2012; claim valid as of 06/2012.</b>				<b>473.00</b>
ACCOUNT NO. <b>nown</b> <b>Henry Ford Community College</b> <b>ATTN: Bankruptcy</b> <b>5101 Evergreen Rd</b> <b>Dearborn, MI 48128-2407</b>	<b>W</b>	<b>Account opened for student loan in 2009; claim</b> <b>valid as of 12/2012.</b>				<b>unknown</b>
ACCOUNT NO. <b>5702</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 12/21/2011; claim valid</b> <b>as of 12/2012.</b>				<b>35.00</b>
ACCOUNT NO. <b>3082</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 04/07/2012; claim valid</b> <b>as of 12/2012.</b>				<b>285.00</b>

Sheet no. 35 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,228.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>CCSI</b> <b>PO Box 10428</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>		<b>Assignee or other notification for:</b> <b>Imaging Associates Of Indiana PC</b>				
ACCOUNT NO. <b>3119</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 04/10/2012; claim valid as of 12/2012.</b>				<b>315.00</b>
ACCOUNT NO. <b>CCSI</b> <b>PO Box 10428</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>		<b>Assignee or other notification for:</b> <b>Imaging Associates Of Indiana PC</b>				
ACCOUNT NO. <b>4046</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 02/26/2012; claim valid as of 12/2012.</b>				<b>631.00</b>
ACCOUNT NO. <b>4045</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 02/26/2012; claim valid as of 12/2012.</b>				<b>33.00</b>
ACCOUNT NO. <b>1943</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 04/11/2012; claim valid as of 12/2012.</b>				<b>110.00</b>
ACCOUNT NO. <b>1234</b> <b>Imaging Associates Of Indiana PC</b> <b>PO Box 14369</b> <b>55 E 86th Ave Ste A</b> <b>Merrillville, IN 46410-6265</b>	<b>W</b>	<b>Medical services rendered 11/03/2011; claim valid as of 12/2012.</b>				<b>33.00</b>

Sheet no. 36 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,122.00**Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nawn</b> <b>Indiana University Health</b> <b>250 N Shadeland Ave</b> <b>Indianapolis, IN 46219-4959</b>	<b>W</b>	<b>Medical services rendered on unknown date; claim valid as of 10/2011.</b>				<b>455.82</b>
ACCOUNT NO. <b>8088</b> <b>IU Health</b> <b>250 N. Shadeland Ave</b> <b>Indianapolis, IN 46219</b>	<b>J</b>	<b>Medical services provided Debtor child. claim valid as of 11/2013.</b>				<b>100.00</b>
ACCOUNT NO. <b>4900</b> <b>IU LaPorte Hospital</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 12/18/2011; claim valid as of 05/2012.</b>				<b>1,007.68</b>
ACCOUNT NO. <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>		<b>Assignee or other notification for: IU LaPorte Hospital</b>				
ACCOUNT NO. <b>4900</b> <b>IU LaPorte Hospital</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 12/18/2011; claim valid as of 03/2012.</b>				<b>3,307.50</b>
ACCOUNT NO. <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>		<b>Assignee or other notification for: IU LaPorte Hospital</b>				
ACCOUNT NO. <b>7551</b> <b>IU LaPorte Hospital</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 05/06/2012; claim valid as of 06/2012.</b>				<b>647.16</b>

Sheet no. 37 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,518.16**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>		<b>Assignee or other notification for:</b> <b>IU LaPorte Hospital</b>				
ACCOUNT NO. <b>0770</b> <b>IU LaPorte Hospital</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 12/29/2011; claim valid as of 12/2012.</b>				<b>2,668.58</b>
ACCOUNT NO. <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>		<b>Assignee or other notification for:</b> <b>IU LaPorte Hospital</b>				
ACCOUNT NO. <b>0076</b> <b>IU LaPorte Hospital</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 10/22/2012; claim valid as of 12/2012.</b>				<b>116.49</b>
ACCOUNT NO. <b>FirstSource Advantage LLC</b> <b>1232 W State Road 2</b> <b>Laporte, IN 46350-5469</b>		<b>Assignee or other notification for:</b> <b>IU LaPorte Hospital</b>				
ACCOUNT NO. <b>nown</b> <b>Ivy Tech Community College</b> <b>ATTN: Bankruptcy</b> <b>3714 Franklin St</b> <b>Michigan City, IN 46360-7311</b>	<b>W</b>	<b>Account opened for student loan; claim valid as of 12/2012.</b>				<b>unknown</b>
ACCOUNT NO. <b>7880</b> <b>LaFountain Emergency Physician</b> <b>PO Box 37857</b> <b>Philadelphia, PA 19101</b>	<b>J</b>	<b>Medical services provided debtor. Claim valid as of 11/2013.</b>				<b>608.00</b>

Sheet no. 38 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,393.07**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1548</b> <b>Lakeland Healthcare</b> <b>31 N Saint Joseph Ave</b> <b>Niles, MI 49120-2207</b>	<b>W</b>	<b>Medical services rendered on various dates from 06/14/2012 to 10/03/2012; claim valid as of 11/2012.</b>				<b>18,353.45</b>
ACCOUNT NO. <b>Creditors Service Bureau Of Niles, Inc.</b> <b>PO Box 316</b> <b>Niles, MI 49120-0316</b>		<b>Assignee or other notification for: Lakeland Healthcare</b>				
ACCOUNT NO. <b>Eagle Recovery Associates, Inc.</b> <b>424 SW Washington St.</b> <b>Peoria, IL 61602</b>		<b>Assignee or other notification for: Lakeland Healthcare</b>				
ACCOUNT NO. <b>EPMG Of Michigan</b> <b>5301 McAuley Dr</b> <b>Ypsilanti, MI 48197-1051</b>		<b>Assignee or other notification for: Lakeland Healthcare</b>				
ACCOUNT NO. <b>2514</b> <b>Laporte County Anesthesia Associates</b> <b>PO Box 8761</b> <b>Michigan City, IN 46361-8761</b>	<b>H</b>	<b>Medical services rendered 11/06/2011; claim valid as of 12/2012.</b>				<b>962.00</b>
ACCOUNT NO. <b>nown</b> <b>Laporte County EMS</b> <b>Suite 301-A</b> <b>809 State St</b> <b>La Porte, IN 46350-3390</b>	<b>W</b>	<b>Emergency medical services rendered 04/07/2012; claim valid as of 12/2012.</b>				<b>863.00</b>
ACCOUNT NO. <b>nown</b> <b>Laporte County EMS</b> <b>Suite 301-A</b> <b>809 State St</b> <b>La Porte, IN 46350-3390</b>	<b>W</b>	<b>Emergency medical services rendered 12/03/2011; claim valid as of 12/2012.</b>				<b>503.00</b>

Sheet no. 39 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **20,681.45**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>Laporte County EMS</b> <b>Suite 301-A</b> <b>809 State St</b> <b>La Porte, IN 46350-3390</b>	<b>W</b>	<b>Emergency medical services rendered 02/25/2012; claim valid as of 12/2012.</b>				<b>503.00</b>
ACCOUNT NO. <b>7221</b> <b>Laporte Radiology</b> <b>PO Box 1673</b> <b>South Bend, IN 46634-1673</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 05/2012.</b>				<b>41.00</b>
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for: Laporte Radiology</b>				
ACCOUNT NO. <b>7482</b> <b>Laporte Radiology</b> <b>PO Box 1673</b> <b>South Bend, IN 46634-1673</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 05/2012.</b>				<b>35.00</b>
ACCOUNT NO. <b>Vision Financial Service</b> <b>PO Box 1768</b> <b>La Porte, IN 46352-1768</b>		<b>Assignee or other notification for: Laporte Radiology</b>				
ACCOUNT NO. <b>1579</b> <b>Lths Recovery</b> <b>6880 S Yosemite Ct</b> <b>Centennial, CO 80112-1437</b>	<b>W</b>	<b>Account opened; claim valid as of 03/2012.</b>				<b>479.00</b>
ACCOUNT NO. <b>6187</b> <b>Maple City Emergency Physicians</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 05/06/2012; claim valid as of 12/2012.</b>				<b>952.00</b>

Sheet no. 40 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,010.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>Maple City Emergency Physicians</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 12/2012.</b>				<b>503.00</b>
ACCOUNT NO. <b>nown</b> <b>Maple City Emergency Physicians</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 04/2012.</b>				<b>636.00</b>
ACCOUNT NO. <b>nown</b> <b>Maple City Emergency Physicians</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 01/11/2012.</b>				<b>570.00</b>
ACCOUNT NO. <b>3368</b> <b>Maple City Emergency Physicians</b> <b>1007 Lincolnway</b> <b>La Porte, IN 46350-3201</b>	<b>W</b>	<b>Medical services rendered 10/22/2012; claim valid as of 12/2012.</b>				<b>176.00</b>
ACCOUNT NO. <b>Maple City Emer Phys</b> <b>Suite 1151</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675-1001</b>		<b>Assignee or other notification for: Maple City Emergency Physicians</b>				
ACCOUNT NO. <b>Maple City Emergency Physicians, LLP</b> <b>Mail Processing Center</b> <b>Dept 142</b> <b>Nashville, TN 37204-1309</b>		<b>Assignee or other notification for: Maple City Emergency Physicians</b>				
ACCOUNT NO. <b>nown</b> <b>Medicredit</b> <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b>	<b>W</b>	<b>Medical services rendered on unknown date; claim valid as of 12/2012; original creditor: St. Joseph Regional Medical Center.</b>				<b>425.83</b>

Sheet no. 41 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,310.83**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>St. Joseph Regional Medical Center</b> <b>5215 Holy Cross Pkwy</b> <b>Mishawaka, IN 46545-1469</b>		<b>Assignee or other notification for:</b> <b>Medicredit</b>				
ACCOUNT NO. <b>2445</b> <b>Memorial Hospital Physicians</b> <b>1101 Michigan Ave</b> <b>Logansport, IN 46947</b>	<b>J</b>	<b>Medical services provided Debtor. Claim valid as of 11/2013.</b>				<b>276.00</b>
ACCOUNT NO. <b>nown</b> <b>Michigan City Animal Hospital</b> <b>2525 E Michigan Blvd</b> <b>Michigan City, IN 46360-5367</b>	<b>J</b>	<b>Services rendered; claim valid as of 12/2011.</b>				<b>75.49</b>
ACCOUNT NO. <b>nown</b> <b>Michigan City Public Library</b> <b>Circulation Department</b> <b>100 E 4th St</b> <b>Michigan City, IN 46360-3302</b>	<b>H</b>	<b>Damage to library materials; claim valid as of 04/2012.</b>				<b>29.00</b>
ACCOUNT NO. <b>3774</b> <b>Money Recovery Nationwide</b> <b>PO Box 13129</b> <b>Lansing, MI 48901-3129</b>	<b>H</b>	<b>Medical services rendered 06/2011; claim valid as of 10/2011; original creditor: Lee Memorial Medical Group.</b>				<b>25.00</b>
ACCOUNT NO. <b>Lee Memorial Medical Group</b> <b>67892 M 152</b> <b>Dowagiac, MI 49047-9028</b>		<b>Assignee or other notification for:</b> <b>Money Recovery Nationwide</b>				
ACCOUNT NO. <b>7123</b> <b>MRS Associates</b> <b>1930 Olney Ave.</b> <b>Cherry Hill, NJ 08003</b>	<b>J</b>	<b>Original creditor: Verizon Wireless. Amount as of 5/15/13.</b>				<b>982.51</b>

Sheet no. 42 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,388.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>nown</b> <b>Normandy Village Apartments</b> <b>2329 Normandy Dr</b> <b>Michigan City, IN 46360-7504</b>	<b>J</b>	<b>Unknown debt amount; claim valid as of 12/2012.</b>				<b>unknown</b>
ACCOUNT NO. <b>nown</b> <b>Northwestern Memorial Hospital</b> <b>PO Box 73690</b> <b>Chicago, IL 60673-7690</b>	<b>W</b>	<b>Medical services rendered 02/2011; claim valid as of 12/2012.</b>				<b>unknown</b>
ACCOUNT NO. <b>8110</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>H</b>	<b>Medical services rendered 11/06/2011; claim valid as of 01/2012; referring physician: Matthew Troy, MD.</b>				<b>106.08</b>
ACCOUNT NO. <b>Komyatte &amp; Assoc</b> <b>9650 Gordon Dr</b> <b>Highland, IN 46322-2909</b>		<b>Assignee or other notification for: Pathology Consultants</b>				
ACCOUNT NO. <b>0111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>H</b>	<b>Medical services rendered 11/06/2011; claim valid as of 01/2012; referring physician Marie Nowak, MD.</b>				<b>51.38</b>
ACCOUNT NO. <b>6111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/10/2012; claim valid as of 06/2012; referring physician: Ayoola Awofadeju, MD.</b>				<b>21.97</b>
ACCOUNT NO. <b>2111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 03/03/2012; claim valid as of 04/2012; referring physician: Kimberly Phflughaupt, NP.</b>				<b>44.29</b>

Sheet no. 43 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **223.72**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 02/25/2012; claim valid as of 05/2012; referring physician: Matthew Troy, MD.</b>				<b>81.49</b>
ACCOUNT NO. <b>4111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/01/2012; claim valid as of 06/2012; referring physician: Daniel Saviano, MD.</b>				<b>66.61</b>
ACCOUNT NO. <b>8111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/11/2012; claim valid as of 06/2012; referring physician: Mary Wells, NP.</b>				<b>7.44</b>
ACCOUNT NO. <b>9111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/22/2012; claim valid as of 05/2012; referring physician: Manana Gegeshidze, MD.</b>				<b>133.55</b>
ACCOUNT NO. <b>7111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/07, 04/08 and 04/09/2012; claim valid as of 06/2012; referring physician: Danny Sardon, MD.</b>				<b>126.11</b>
ACCOUNT NO. <b>8111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 02/25 and 02/26/2012; claim valid as of 04/2012; referring physician: Matthew Troy, MD.</b>				<b>81.49</b>
ACCOUNT NO. <b>8111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 09/18/2011; claim valid as of 01/2012; referring physician: Daniel Saviano, MD.</b>				<b>155.86</b>

Sheet no. 44 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **652.55**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8110</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>H</b>	<b>Medical services rendered 11/06/2011; claim valid as of 12/2012.</b>				<b>106.08</b>
ACCOUNT NO. <b>6111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 11/29/2012; claim valid as of 12/2012.</b>				<b>44.29</b>
ACCOUNT NO. <b>5111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 11/27/2012; claim valid as of 12/2012.</b>				<b>36.85</b>
ACCOUNT NO. <b>4111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/01/2012; claim valid as of 12/2012.</b>				<b>66.61</b>
ACCOUNT NO. <b>6111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/10/2012; claim valid as of 12/2012.</b>				<b>21.97</b>
ACCOUNT NO. <b>8111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 04/11/2012; claim valid as of 12/2012.</b>				<b>7.44</b>
ACCOUNT NO. <b>4111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical service rendered 12/07/2012 by Neil Malhotra, MD; claim valid as of 12/2012.</b>				<b>29.41</b>

Sheet no. 45 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **312.65**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 12/14/2012 by Kelly McShane, NP; claim valid as of 12/2012.</b>				<b>29.75</b>
ACCOUNT NO. <b>4111</b> <b>Pathology Consultants</b> <b>PO Box 30309</b> <b>Charleston, SC 29417-0309</b>	<b>W</b>	<b>Medical services rendered 12/29/2012 by Sanaz Hamidi, MD; claim valid as of 12/2012.</b>				<b>89.26</b>
ACCOUNT NO. <b>9844</b> <b>PMB/Emergency Medicine Of IN LLC</b> <b>7619 West Jefferson Blvd.</b> <b>Fort Wayne, IN 46804</b>	<b>J</b>	<b>Medical bill. Amount as of 11/2013.</b>				<b>278.00</b>
ACCOUNT NO. <b>9581</b> <b>PMB/Emergency Medicine Of IN LLC</b> <b>7619 West Jefferson Blvd.</b> <b>Fort Wayne, IN 46804</b>	<b>J</b>	<b>Medical bill. Amount as of 7/8/13.</b>				<b>412.00</b>
ACCOUNT NO. <b>2310</b> <b>Professional Account Services</b> <b>PO Box 188</b> <b>Brentwood, TN 37027-6935</b>	<b>J</b>	<b>Original Creditor: Dukes Physician Services, LLC. Amount as of 11/2013.</b>				<b>255.00</b>
ACCOUNT NO. <b>7681</b> <b>Professional Account Services</b> <b>PO Box 188</b> <b>Brentwood, TN 37027-6935</b>	<b>J</b>	<b>Medical bill. Amount as of 9/30/13.</b>				<b>2,275.40</b>
ACCOUNT NO. <b>2310</b> <b>Professional Account Services</b> <b>PO Box 188</b> <b>Brentwood, TN 37027-6935</b>	<b>W</b>	<b>Collection agent for Dukes Physician. Claim valid as of 2013.</b>				<b>9.00</b>

Sheet no. 46 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,348.41**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
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IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6675</b> <b>Progressive Direct</b> <b>PO Box 31260</b> <b>Tampa, FL 33631</b>	<b>J</b>	<b>Former insurance company. Amount as of 4/28/13.</b>				<b>45.51</b>
ACCOUNT NO. <b>2110</b> <b>Radiology Associates Of Berrien County</b> <b>Suite A</b> <b>416 State St</b> <b>Saint Joseph, MI 49085-2297</b>	<b>W</b>	<b>Medical services rendered; claim valid as of 09/2012.</b>				<b>28.00</b>
ACCOUNT NO. <b>Rhonda Lodge</b> <b>Lodge Real Estate</b> <b>404 N. Broadway</b> <b>Peru, IN 46970</b>	<b>J</b>	<b>Alleged breach of residential lease for apartment located on Jean Ave. in Peru, IN.</b>	<b>X</b>	<b>X</b>		<b>0.00</b>
ACCOUNT NO. <b>2260</b> <b>Saint Joseph Regional Med Ctr-Mishawaka</b> <b>Dept Ch 14309</b> <b>Palatine, IL 60055-0001</b>	<b>W</b>	<b>Medical services rendered 09/16 and 09/17/2012; claim valid as of 12/2012.</b>				<b>771.14</b>
ACCOUNT NO. <b>Medicredit</b> <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b>		<b>Assignee or other notification for:</b> <b>Saint Joseph Regional Med Ctr-Mishawaka</b>				
ACCOUNT NO. <b>2222</b> <b>Saint Joseph Regional Medical Center</b> <b>PO Box 830913</b> <b>Birmingham, AL 35283-0913</b>	<b>W</b>	<b>Medical services rendered 08/09/2012; claim valid as of 10/2012.</b>				<b>1,376.90</b>
ACCOUNT NO. <b>Medicredit</b> <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b>		<b>Assignee or other notification for:</b> <b>Saint Joseph Regional Medical Center</b>				

Sheet no. 47 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,221.55**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Saint Joseph Regional Med Ctr-Mishawaka Dept Ch 14309 Palatine, IL 60055-0001</b>		<b>Assignee or other notification for: Saint Joseph Regional Medical Center</b>				
ACCOUNT NO. <b>9526</b> <b>Sanitary District Of Michigan City PO Box 888 Michigan City, IN 46361-0888</b>	<b>J</b>	<b>Account opened; claim valid as of 12/2011.</b>				<b>173.72</b>
ACCOUNT NO. <b>nown</b> <b>Sisters Of St Francis Health Services Northern Indiana Region 35682 Eagleway Chicago, IL 60678-1356</b>	<b>H</b>	<b>Medical services rendered 04/05/2011; claim valid as of 05/2011.</b>				<b>99.30</b>
ACCOUNT NO. <b>9834</b> <b>Southwest Michigan Community Ambulance 2100 W Chicago Rd Niles, MI 49120-8701</b>	<b>W</b>	<b>Medical services rendered 09/06/2012; claim valid as of 12/2012.</b>				<b>640.00</b>
ACCOUNT NO. <b>Three Oaks Emergency Vehicle Assn. 2100 W Chicago Rd Niles, MI 49120-8701</b>		<b>Assignee or other notification for: Southwest Michigan Community Ambulance</b>				
ACCOUNT NO. <b>6292</b> <b>Sprint PO Box 8077 London, KY 40742-8077</b>	<b>H</b>	<b>Account opened; claim valid as of 12/2012.</b>				<b>1,849.53</b>
ACCOUNT NO. <b>Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256-7412</b>		<b>Assignee or other notification for: Sprint</b>				

Sheet no. 48 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,762.55**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1619</b> <b>Sprint</b> <b>PO Box 8077</b> <b>London, KY 40742-8077</b>	<b>W</b>	<b>Account opened; claim valid as of 11/2012.</b>				<b>104.66</b>
ACCOUNT NO. <b>1217</b> <b>St. Anthony Memorial Health Center</b> <b>301 W Homer St</b> <b>Michigan City, IN 46360-4358</b>	<b>H</b>	<b>Medical services rendered 11/03 and 11/06/2011; claim valid as of 12/2012.</b>				<b>10,513.67</b>
ACCOUNT NO. <b>nown</b> <b>St. Anthony Memorial Health Center</b> <b>301 W Homer St</b> <b>Michigan City, IN 46360-4358</b>	<b>W</b>	<b>Medical services rendered on various dates from 03/21 to 04/21/2012; claim valid as of 09/2012.</b>				<b>17,268.00</b>
ACCOUNT NO. <b>9385</b> <b>St. Anthony Memorial Hospital</b> <b>BILLING</b> <b>503 N Maple St</b> <b>Effingham, IL 62401-2006</b>	<b>W</b>	<b>Medical services rendered 06/07/2012; claim valid as of 12/2012.</b>				<b>942.63</b>
ACCOUNT NO. <b>St. Anthony's Memorial Hospital</b> <b>PO Box 4236</b> <b>Carol Stream, IL 60197-4236</b>		<b>Assignee or other notification for: St. Anthony Memorial Hospital</b>				
ACCOUNT NO. <b>7523</b> <b>St. Anthony Memorial Hospital</b> <b>BILLING</b> <b>503 N Maple St</b> <b>Effingham, IL 62401-2006</b>	<b>W</b>	<b>Medical services rendered 06/02/2012; claim valid as of 12/2012.</b>				<b>845.79</b>
ACCOUNT NO. <b>St. Anthony's Memorial Hospital</b> <b>PO Box 4236</b> <b>Carol Stream, IL 60197-4236</b>		<b>Assignee or other notification for: St. Anthony Memorial Hospital</b>				

Sheet no. 49 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **29,674.75**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9688</b> <b>St. Anthony Memorial Hospital</b> <b>BILLING</b> <b>503 N Maple St</b> <b>Effingham, IL 62401-2006</b>	<b>W</b>	<b>Medical services rendered 07/01/2012; claim valid as of 11/2012.</b>				<b>631.95</b>
ACCOUNT NO. <b>Miramend Revenue Group</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-2000</b>		<b>Assignee or other notification for:</b> <b>St. Anthony Memorial Hospital</b>				
ACCOUNT NO. <b>St. Anthony's Memorial Hospital</b> <b>PO Box 4236</b> <b>Carol Stream, IL 60197-4236</b>		<b>Assignee or other notification for:</b> <b>St. Anthony Memorial Hospital</b>				
ACCOUNT NO. <b>nown</b> <b>St. Margaret Mercy</b> <b>35364 Eagle Way</b> <b>Chicago, IL 60678-1376</b>	<b>H</b>	<b>Medical services rendered 11/06/2011; claim valid as of 03/2012.</b>				<b>1,443.00</b>
ACCOUNT NO. <b>Americal Financial Credit Services</b> <b>Suite 270</b> <b>10333 N Meridian St</b> <b>Indianapolis, IN 46290-1150</b>		<b>Assignee or other notification for:</b> <b>St. Margaret Mercy</b>				
ACCOUNT NO. <b>3090</b> <b>Summitt Radiology, PC</b> <b>Lockbox A29</b> <b>PO Box 2603</b> <b>Fort Wayne, IN 46801-2603</b>	<b>J</b>	<b>Medical services provided Debtor. Claim valid as of 11/2013.</b>				<b>172.00</b>
ACCOUNT NO. <b>9834</b> <b>Three Oaks Emergency Vehicle Assn.</b> <b>2100 W Chicago Rd</b> <b>Niles, MI 49120-8701</b>	<b>W</b>	<b>Medical transportation refused on 07/10/2012; claim valid as of 12/2012.</b>				<b>75.00</b>

Sheet no. 50 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,321.95**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Creditors Service Bureau Of Niles, Inc. PO Box 316 Niles, MI 49120-0316</b>		<b>Assignee or other notification for: Three Oaks Emergency Vehicle Assn.</b>				
ACCOUNT NO. <b>3830</b> <b>Tri-state Adjustments 3439 East Ave S La Crosse, WI 54601-7241</b>	<b>H</b>	<b>Account opened 07/2011; claim valid as of 02/2012; original creditor: Speedway.</b>				<b>486.87</b>
ACCOUNT NO. <b>6953</b> <b>TRS Recovery Services, Inc. 5251 Westheimer Houston, TX 77056</b>	<b>J</b>	<b>Original creditor: Wal-mart No. 1962. Amount as of 8/18/13.</b>				<b>584.07</b>
ACCOUNT NO. <b>3796</b> <b>Unique National Collections 119 E Maple St Jeffersonville, IN 47130-3439</b>	<b>W</b>	<b>Account opened 10/2010; claim valid as of 02/2011; original creditor: Redford Township District Library.</b>				<b>71.00</b>
ACCOUNT NO. <b>Redford Township District Library 25320 W 6 Mile Rd Redford, MI 48240-2105</b>		<b>Assignee or other notification for: Unique National Collections</b>				
ACCOUNT NO. <b>6125</b> <b>United Collection Bureau Inc. 5620 Southwyck Blvd Toledo, OH 43614-1501</b>	<b>W</b>	<b>Medical services rendered 10/2011; claim valid as of 02/2012; original creditor: Maple City Emergency Physicians.</b>				<b>503.00</b>
ACCOUNT NO. <b>Maple City Emergency Physicians 1007 Lincolnway La Porte, IN 46350-3201</b>		<b>Assignee or other notification for: United Collection Bureau Inc.</b>				

Sheet no. 51 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,644.94**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0674</b> <b>Us Dept of Education</b> <b>ATTN: BORROWERS SERVICE DEPT</b> <b>PO Box 5609</b> <b>Greenville, TX 75403-5609</b>	<b>W</b>	<b>Installment account opened for student loans; claim valid as of 03/2012.</b>				<b>3,217.00</b>
ACCOUNT NO. <b>0774</b> <b>Us Dept of Education</b> <b>ATTN: BORROWERS SERVICE DEPT</b> <b>PO Box 5609</b> <b>Greenville, TX 75403-5609</b>	<b>W</b>	<b>Installment account opened for student loans; claim valid as of 01/2012.</b>				<b>1,138.00</b>
ACCOUNT NO. <b>nown</b> <b>Valley Emergency Physicians</b> <b>3371 Cleveland Road</b> <b>Suite 210</b> <b>South Bend, IN 46628</b>	<b>W</b>	<b>Emergency medical services rendered 05/19/2012; claim valid as of 06/2012.</b>				<b>597.00</b>
ACCOUNT NO. <b>3368</b> <b>Valley Emergency Physicians</b> <b>3371 Cleveland Road</b> <b>Suite 210</b> <b>South Bend, IN 46628</b>	<b>W</b>	<b>Medical services rendered on 09/16 and 10/11/2012; claim valid as of 12/2012.</b>				<b>1,654.00</b>
ACCOUNT NO. <b>Diamond &amp; Diamond</b> <b>Attorneys At Law</b> <b>405 W Wayne St</b> <b>South Bend, IN 46634-1875</b>		<b>Assignee or other notification for: Valley Emergency Physicians</b>				
ACCOUNT NO. <b>0001</b> <b>Verizon Wireless/great</b> <b>VERIZON WIRELESS DEPARTMENT/ATTN: BANK</b> <b>PO Box 3397</b> <b>Bloomington, IL 61702-3397</b>	<b>H</b>	<b>Account opened 08/2010; claim valid as of 02/2012.</b>				<b>982.51</b>
ACCOUNT NO. <b>CBE Group, Inc.</b> <b>Payment Processing Center</b> <b>PO Box 2038</b> <b>Waterloo, IA 50704-2038</b>		<b>Assignee or other notification for: Verizon Wireless/great</b>				

Sheet no. 52 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,588.51**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>EOS CCA</b> <b>700 Longwater Dr</b> <b>Norwell, MA 02061-1624</b>		<b>Assignee or other notification for:</b> <b>Verizon Wireless/great</b>				
ACCOUNT NO. <b>United Collection Bur Inc</b> <b>5620 Southwyck Blvd</b> <b>Toledo, OH 43614-1501</b>		<b>Assignee or other notification for:</b> <b>Verizon Wireless/great</b>				
ACCOUNT NO. <b>0001</b> <b>Verizon Wireless/great</b> <b>VERIZON WIRELESS DEPARTMENT/ATTN: BANK</b> <b>PO Box 3397</b> <b>Bloomington, IL 61702-3397</b>	<b>W</b>	<b>Account opened 05/2009; claim valid as of</b> <b>02/2012.</b>				<b>632.24</b>
ACCOUNT NO. <b>Chase Receivables</b> <b>1247 Broadway</b> <b>Sonoma, CA 95476-7503</b>		<b>Assignee or other notification for:</b> <b>Verizon Wireless/great</b>				
ACCOUNT NO. <b>Enhanced Recovery Corp</b> <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256-7412</b>		<b>Assignee or other notification for:</b> <b>Verizon Wireless/great</b>				
ACCOUNT NO. <b>7629</b> <b>Wfnnb/Victorias Secret</b> <b>ATTENTION: BANKRUPTCY</b> <b>PO Box 182125</b> <b>Columbus, OH 43218-2125</b>	<b>W</b>	<b>Revolving account opened 02/2010; claim valid as</b> <b>of 02/2012.</b>				<b>428.00</b>
ACCOUNT NO. <b>Portfolio Recovery</b> <b>Bankruptcy</b> <b>PO Box 12914</b> <b>Norfolk, VA 23541-0914</b>		<b>Assignee or other notification for:</b> <b>Wfnnb/Victorias Secret</b>				

Sheet no. 53 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,060.24**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS****(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3830</b> <b>World Recovery Service, LLC</b> <b>PO Box 953579</b> <b>Lake Mary, FL 32795</b>	<b>J</b>	<b>Original Creditor: Fifth Third Bank. Amount as of 5/23/13.</b>				<b>976.92</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 54 of 54 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **976.92**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$ **197,963.14**

IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Aaron's Furniture</b> <b>525 S. Reed Rd</b> <b>Kokomo, IN 46901</b>	<b>Agreement for personal property Television and Sony PS3</b>
<b>Steve Hicks</b> <b>Hicks &amp; Sons</b> <b>2900 N Apperson Way</b> <b>Kokomo, IN 46901</b>	<b>landlord security deposit, \$150.00</b>
<b>Aaron's Furniture</b> <b>525 S. Reed Rd</b> <b>Kokomo, IN 46901</b>	<b>Rent to own couch, recliner and box springs</b>

Case No.

(If known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Marge Gipson</b> <b>PO Box 446</b> <b>1614 Derby Avenue</b> <b>Beverly Shores, IN 46301</b>	<b>Allegius Federal Credit Union</b> <b>244 Ridge Rd</b> <b>Chesterton, IN 46304-1297</b>

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Daughter</b>	AGE(S): <b>1</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation <b>See Schedule Attached</b> Name of Employer How long employed Address of Employer		<b>Unemployed</b>

**INCOME:** (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>3,322.66</b>	\$ _____
\$ <b>524.59</b>	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

**3. SUBTOTAL**

\$ <b>3,847.25</b>	\$ <b>0.00</b>
--------------------	----------------

**4. LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and Social Security

\$ <b>494.29</b>	\$ _____
------------------	----------

b. Insurance

\$ <b>15.62</b>	\$ _____
-----------------	----------

c. Union dues

\$ _____	\$ _____
----------	----------

d. Other (specify) **See Schedule Attached**

\$ <b>293.49</b>	\$ _____
------------------	----------

\$ _____	\$ _____
----------	----------

**5. SUBTOTAL OF PAYROLL DEDUCTIONS**

\$ <b>803.40</b>	\$ <b>0.00</b>
------------------	----------------

**6. TOTAL NET MONTHLY TAKE HOME PAY**

\$ <b>3,043.85</b>	\$ <b>0.00</b>
--------------------	----------------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ _____	\$ _____
----------	----------

11. Social Security or other government assistance

(Specify) **Food Assistance**

\$ _____	\$ <b>50.00</b>
----------	-----------------

\$ _____	\$ _____
----------	----------

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

(Specify) \_\_\_\_\_

\$ _____	\$ _____
----------	----------

\$ _____	\$ _____
----------	----------

\$ _____	\$ _____
----------	----------

**14. SUBTOTAL OF LINES 7 THROUGH 13**

\$ _____	\$ <b>50.00</b>
----------	-----------------

**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

\$ <b>3,043.85</b>	\$ <b>50.00</b>
--------------------	-----------------

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15;

if there is only one debtor repeat total reported on line 15)

\$ **3,093.85**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**Debtor received a reenlistment bonus in May. Typically Debtor only receives approximately \$250.00 per month for his armed services.**

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)****Continuation Sheet - Page 1 of 1**

EMPLOYMENT: DEBTOR SPOUSE

Occupation

Name of Employer **Defense Finance And Accounting Service Dept**

How long employed

Address of Employer **8899 East 56th Street  
Indianapolis, IN 46249-3300**Occupation **Corrections Officer**Name of Employer **Indiana State Prison 201 Woodlawn Avenue**How long employed **1 years and 6 months**Address of Employer **Michigan City, IN 46360**

DEBTOR

SPOUSE

Other Payroll Deductions:

**SGLI 13.50****SGLI FAM/SPOUSE 3.33****FICA/MED 156.26****Def Comp 32.50****Vision 10.05****CDHP 1 Family PT 38.59****Health Savings 39.26**

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 222A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <b>550.00</b>
a. Are real estate taxes included? Yes ____ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ____ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <b>160.00</b>
b. Water and sewer	\$ _____
c. Telephone	\$ <b>120.00</b>
d. Other <b>Cable And Internet</b>	\$ <b>100.00</b>
3. Home maintenance (repairs and upkeep)	\$ <b>50.00</b>
4. Food	\$ <b>700.00</b>
5. Clothing	\$ <b>100.00</b>
6. Laundry and dry cleaning	\$ <b>50.00</b>
7. Medical and dental expenses	\$ <b>225.00</b>
8. Transportation (not including car payments)	\$ <b>460.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <b>125.00</b>
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ <b>25.00</b>
c. Health	\$ _____
d. Auto	\$ _____
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other <b>Allegius CU Loan</b>	\$ <b>148.00</b>
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <b>See Schedule Attached</b>	\$ <b>325.00</b>
	\$ _____
	\$ _____

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ <b>3,138.00</b>
--------------------

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$ <b>3,093.85</b>
b. Average monthly expenses from Line 18 above	\$ <b>3,138.00</b>
c. Monthly net income (a. minus b.)	\$ <b>-44.15</b>



IN RE Gipson, William Edward Leon & Gipson, Krystal Marie

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)****Continuation Sheet - Page 1 of 1**

Other Expenses (DEBTOR)

<b>Hair Cuts</b>	<b>25.00</b>
<b>Hygiene Products</b>	<b>75.00</b>
<b>Other Household Products</b>	<b>50.00</b>
<b>Baby Diapers And Miscellaneous</b>	<b>150.00</b>
<b>Indiana Unemployment Overpayment Repayment</b>	<b>25.00</b>

IN RE **Gipson, William Edward Leon & Gipson, Krystal Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 71 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **November 26, 2013**Signature: /s/ William E L Gipson**William E L Gipson**

Debtor

Date: **November 26, 2013**Signature: /s/ Krystal M Gipson**Krystal M Gipson**

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Indiana**

**IN RE:**

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>Allegius Federal Credit Union</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	
Property No. 2 (if necessary)	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>Aaron's Furniture</b>	<b>Describe Leased Property:</b> <b>Agreement for personal property Television and Sony PS3</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b> <b>Steve Hicks</b>	<b>Describe Leased Property:</b> <b>landlord security deposit, \$150.00</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

  1   continuation sheets attached (if any)

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: **November 26, 2013**/s/ **William E L Gipson**

Signature of Debtor

/s/ **Krystal M Gipson**

Signature of Joint Debtor

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

(Continuation Sheet)

**PART A – Continuation**

Property No.		
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>	
Property will be ( <i>check one</i> ): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is ( <i>check one</i> ): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Property No.		
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>	
Property will be ( <i>check one</i> ): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is ( <i>check one</i> ): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Property No.		
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>	
Property will be ( <i>check one</i> ): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is ( <i>check one</i> ): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

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**PART B – Continuation**

Property No. 3		
<b>Lessor's Name:</b> Aaron's Furniture	<b>Describe Leased Property:</b> Rent to own couch, recliner and box springs	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Property No.		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

United States Bankruptcy Court  
Northern District of Indiana

IN RE:

Case No. \_\_\_\_\_

**Gipson, William Edward Leon & Gipson, Krystal Marie**

Chapter **7**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **November 26, 2013**

Signature: */s/ William E L Gipson*

**William E L Gipson**

Debtor

Date: **November 26, 2013**

Signature: */s/ Krystal M Gipson*

**Krystal M Gipson**

Joint Debtor, if any

Aaron's Furniture  
525 S. Reed Rd  
Kokomo, IN 46901

Advance America  
4231 Franklin St  
Michigan City, IN 46360-7805

AFCS  
Suite 270  
10333 N Meridian St  
Indianapolis, IN 46290-1150

Afni  
ATTN: BANKRUPTCY  
PO Box 3037  
Bloomington, IL 61702-3037

Afni  
PO Box 3427  
Bloomington, IL 61702-3427

Afni  
Xxx7816-01  
1310 Martin Luther King Dr  
Bloomington, IL 61702-3427

Al's Supermarket  
3535 Franklin St  
Michigan City, IN 46360-7010

Allegius Federal Credit Union  
244 Ridge Rd  
Chesterton, IN 46304-1297

Allied Interstate  
300 Corporate Exchange Drive 5th Floor  
Columbus, OH 43231

Americal Financial Credit Services  
Suite 270  
10333 N Meridian St  
Indianapolis, IN 46290-1150

American Financial Credit  
10333 N Meridian St Ste 70  
Indianapolis, IN 46290-1150

Anytime Fitness  
4112 Franklin St  
Michigan City, IN 46360-7804

Anytime Fitness  
ABC Financial Services  
Po Box 6800  
Sherwood, AR 72124-6800

Asset Acceptance Llc  
ATTENTION: BANKRUPTCY  
PO Box 2036  
Warren, MI 48090-2036

AT&T  
1801 Valley View Ln  
Dallas, TX 75234-8906

Bank of America  
PO Box 982238  
El Paso, TX 79998-2238

Berrien County Treasurer  
701 Main St  
Saint Joseph, MI 49085-1316

Boone County Emergency Medicine  
PO Box 804  
Lafayette, IN 47902-0804

Brown Mackie College  
325 E US Highway 20  
Michigan City, IN 46360-7362

Bureau Recovery  
1813 E Dyer Rd  
Santa Ana, CA 92705-5731

Business & Professional Services  
529 S 2nd St  
Elkhart, IN 46516-3224

Cass County Treasurer  
120 N Broadway St  
Cassopolis, MI 49031-1370

Cba Collection Bureau  
PO Box 5013  
Hayward, CA 94540-5013

CBE Group, Inc.  
Payment Processing Center  
PO Box 2038  
Waterloo, IA 50704-2038



CCSI  
PO Box 10428  
55 E 86th Ave Ste A  
Merrillville, IN 46410-6265

Chase Receivables  
1247 Broadway  
Sonoma, CA 95476-7503

Check Into Cash  
PO Box 550  
Cleveland, TN 37364-0550

Check N Go  
5186 Franklin St  
Michigan City, IN 46360-7878

Check Smart USA  
PO Box 5339  
Round Rock, TX 78683-5339

Chemical Bank  
ATTN: Bankruptcy  
11 Linden St E  
Three Oaks, MI 49128-2101

Cmre Financial Services Inc.  
3075 E IMPERIAL HWY  
Suite 200  
Brea, CA 92821

Comcast  
1255 W North Ave  
Chicago, IL 60622-1562

Comcast  
1255 W North Ave  
Chicago, IL 60642-1562

Community Howard Regional Health  
PO Box 1543  
Indianapolis, IN 46206-1543

Convergent Healthcare Recoveries, Inc.  
124 SW Adams Street, Ste 215  
Peoria, IL 61602

Credit Management, LP  
4200 International Pkwy  
Carrollton, TX 75007-1912

Credit Protection Association  
ATTN: BANKRUPTCY  
PO Box 802068  
Dallas, TX 75380-2068

Creditors Service Bureau Of Niles, Inc.  
PO Box 316  
Niles, MI 49120-0316

Crossroads Emergency Physicians LLP  
Mail Processing Center - Bankruptcy  
Dept 142  
Nashville, TN 37204-1309

Custom Collection Services Inc.  
PO Box 10428  
Merrillville, IN 46411-0428

DECA Financial Services  
PO Box 1022  
Wixom, MI 48393-1022

Dept Of Water Works  
532 Franklin Sq  
Michigan City, IN 46361

Diamond & Diamond  
Attorneys At Law  
405 W Wayne St  
South Bend, IN 46634-1875

Direct TV  
PO Box 6414  
Carol Stream, IL 60197

Direct TV  
PO Box 6550  
Englewood, CO 80155

Duke's Memorial Hospital  
275 W 12th Street  
Peru, IN 46970-2516

Duke's Physician Services  
PO Box 4853  
Belfast, ME 04915

Dukes Memeriol  
275 W 12th St  
Peru, IN 46970

Eagle Recovery Associates, Inc.  
424 SW Washington St.  
Peoria, IL 61602

Enhanced Recovery Company, LLC  
8014 Bayberry Rd.  
Jacksonville, FL 32256-7412

Enhanced Recovery Corp  
8014 Bayberry Rd  
Jacksonville, FL 32256-7412

EOS CCA  
700 Longwater Dr  
Norwell, MA 02061-1624

EPMG Of Indiana, PC  
PO Box 96208  
Oklahoma City, OK 73143-6208

EPMG Of Michigan  
5301 McAuley Dr  
Ypsilanti, MI 48197-1051

EXVISN03  
PO Box 1022  
Wixom, MI 48393-1022

Farmington ER Medical Association  
28050 Grand River Ave  
Farmington Hills, MI 48336-5919

Fifth Third Bank  
FIFTH THIRD BANK BANKRUPTCY DEPARTMENT  
1830 E Paris Ave SE  
Grand Rapids, MI 49546-6253

Fifth Third Bank  
PO Box 630900  
Cincinnati, OH 45263-0900

FirstSource Advantage LLC  
1232 W State Road 2  
Laporte, IN 46350-5469

Focus Receivables Management  
Suite 150  
1130 Northchase Pkwy SE  
Marietta, GA 30067-6413

Four County Counseling Center  
1015 Michigan Ave  
Logansport, IN 46947

Franciscan  
St. Anthony Health  
2434 Interstate Plaza Dr Ste 2  
Hammond, IN 46324-2947

Franciscan  
St. Anthony Health  
PO Box 4628  
Oak Brook, IL 60522-4628

Franciscan Alliance  
35600 Eagle Way  
Chicago, IL 60678-1356

Gus Tsapanikos  
PO Box 9577  
Michigan City, IN 46361-9577

Healthlinc, Inc  
454 S College Ave  
Valparaiso, IN 46383-6512

Henry Ford Community College  
ATTN: Bankruptcy  
5101 Evergreen Rd  
Dearborn, MI 48128-2407

I.C. Sytstem, Inc.  
PO Box 64887  
444 Highway 96 E  
Saint Paul, MN 55127-2557

Imaging Associates Of Indiana PC  
PO Box 14369  
55 E 86th Ave Ste A  
Merrillville, IN 46410-6265

Indiana Department Of Revenue  
Bankruptcy Section N-240  
100 N Senate Ave  
Indianapolis, IN 46204-2273

Indiana Dept Of Workforce Development  
ATTN: Benefit Overpayments  
10 N Senate Ave  
Indianapolis, IN 46204-2201

Indiana University Health  
250 N Shadeland Ave  
Indianapolis, IN 46219-4959

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

IU Health  
250 N. Shadeland Ave  
Indianapolis, IN 46219

IU LaPorte Hospital  
1007 Lincolnway  
La Porte, IN 46350-3201

Ivy Tech Community College  
ATTN: Bankruptcy  
3714 Franklin St  
Michigan City, IN 46360-7311

Komyatte & Assoc  
9650 Gordon Dr  
Highland, IN 46322-2909

LaFountain Emergency Physician  
PO Box 37857  
Philadelphia, PA 19101

Lakeland Healthcare  
31 N Saint Joseph Ave  
Niles, MI 49120-2207

Laporte County Anesthesia Associates  
PO Box 8761  
Michigan City, IN 46361-8761

Laporte County EMS  
Suite 301-A  
809 State St  
La Porte, IN 46350-3390

LaPorte County Treasurer  
555 Michigan Ave, Ste 102  
LaPorte, IN 46350

Laporte Radiology  
PO Box 1673  
South Bend, IN 46634-1673

Lee Memorial Medical Group  
67892 M 152  
Dowagiac, MI 49047-9028

Lths Recovery  
6880 S Yosemite Ct  
Centennial, CO 80112-1437

Maple City Emer Phys  
Suite 1151  
75 Remittance Drive  
Chicago, IL 60675-1001

Maple City Emergency Physicians  
1007 Lincolnway  
La Porte, IN 46350-3201

Maple City Emergency Physicians, LLP  
Mail Processing Center  
Dept 142  
Nashville, TN 37204-1309

Marge Gipson  
PO Box 446  
1614 Derby Avenue  
Beverly Shores, IN 46301

Medicredit  
PO Box 1022  
Wixom, MI 48393-1022



Memorial Hospital Physicians  
1101 Michigan Ave  
Logansport, IN 46947

Michigan City Animal Hospital  
2525 E Michigan Blvd  
Michigan City, IN 46360-5367

Michigan City Public Library  
Circulation Department  
100 E 4th St  
Michigan City, IN 46360-3302

Miramed  
991 Oak Creek Dr  
Lombard, IL 60148-6408

Miramed Revenue Group  
Dept. 77304  
PO Box 77000  
Detroit, MI 48277-2000

Miramed Revenue Group  
991 Oak Creek Dr  
Lombard, IL 60148-6408

Money Recovery Nationwide  
PO Box 13129  
Lansing, MI 48901-3129

MRS Associates  
1930 Olney Ave.  
Cherry Hill, NJ 08003

National City Bank  
1 National City Center  
Indianapolis, IN 46255-0001

Normandy Village Apartments  
2329 Normandy Dr  
Michigan City, IN 46360-7504

Northwestern Memorial Hospital  
PO Box 73690  
Chicago, IL 60673-7690

Pathology Consultants  
PO Box 30309  
Charleston, SC 29417-0309

PMB/Emergency Medicine Of IN LLC  
7619 West Jefferson Blvd.  
Fort Wayne, IN 46804

Portfolio Recovery  
Bankruptcy  
PO Box 12914  
Norfolk, VA 23541-0914

Professional Account Services  
PO Box 188  
Brentwood, TN 37027-6935

Progressive Direct  
PO Box 31260  
Tampa, FL 33631

Radiology Associates Of Berrien County  
Suite A  
416 State St  
Saint Joseph, MI 49085-2297

Redford Township District Library  
25320 W 6 Mile Rd  
Redford, MI 48240-2105

Rhonda Lodge  
Lodge Real Estate  
404 N. Broadway  
Peru, IN 46970

Saint Joseph Regional Med Ctr-Mishawaka  
Dept Ch 14309  
Palatine, IL 60055-0001

Saint Joseph Regional Medical Center  
PO Box 830913  
Birmingham, AL 35283-0913

Sanitary District Of Michigan City  
PO Box 888  
Michigan City, IN 46361-0888

Sisters Of St Francis Health Services  
Northern Indiana Region  
35682 Eagleway  
Chicago, IL 60678-1356

Southwest Michigan Community Ambulance  
2100 W Chicago Rd  
Niles, MI 49120-8701

Sprint  
PO Box 8077  
London, KY 40742-8077

St Anthony Memorial Health - Mich  
35600 Eagle Way  
Chicago, IL 60678-1356

St. Anthony Memorial Health Center  
301 W Homer St  
Michigan City, IN 46360-4358

St. Anthony Memorial Hospital  
BILLING  
503 N Maple St  
Effingham, IL 62401-2006

St. Anthony's Memorial Hospital  
PO Box 4236  
Carol Stream, IL 60197-4236

St. Joseph Regional Medical Center  
5215 Holy Cross Pkwy  
Mishawaka, IN 46545-1469

St. Margaret Mercy  
35364 Eagle Way  
Chicago, IL 60678-1376

St. Margaret Mercy  
37621 Eagle Way  
Chicago, IL 60678-1376

Steve Hicks  
Hicks & Sons  
2900 N Apperson Way  
Kokomo, IN 46901

Summitt Radiology, PC  
Lockbox A29  
PO Box 2603  
Fort Wayne, IN 46801-2603

T-Mobile  
P.O. Box 742596  
Cincinnati, OH 45274-2596

TCF Bank  
College Parkway  
Livonia, MI 48150

Three Oaks Emergency Vehicle Assn.  
2100 W Chicago Rd  
Niles, MI 49120-8701

Tri-state Adjustments  
3439 East Ave S  
La Crosse, WI 54601-7241

TRS Recovery Services, Inc.  
5251 Westheimer  
Houston, TX 77056

Unique National Collections  
119 E Maple St  
Jeffersonville, IN 47130-3439

United Collection Bur Inc  
5620 Southwyck Blvd  
Toledo, OH 43614-1501

United Collection Bureau Inc.  
5620 Southwyck Blvd  
Toledo, OH 43614-1501

United Debt Holdings  
4833 Front Street Unit B  
Suite 243  
Castle Rock, CO 80104

Us Dept of Education  
ATTN: BORROWERS SERVICE DEPT  
PO Box 5609  
Greenville, TX 75403-5609

Us Dept Of Education  
ATTN: BORROWERS SERVICE DEPT  
PO Box 5609  
Greenville, TX 75403-5609

Us Dept Of Education  
PO Box 5609  
Greenville, TX 75403-5609

Valley Emergency Physicians  
3371 Cleveland Road  
Suite 210  
South Bend, IN 46628

Verizon Wireless/great  
VERIZON WIRELESS DEPARTMENT/ATTN: BANK  
PO Box 3397  
Bloomington, IL 61702-3397

Vision Financial Service  
PO Box 1768  
La Porte, IN 46352-1768

Wfnnb/Victorias Secret  
ATTENTION: BANKRUPTCY  
PO Box 182125  
Columbus, OH 43218-2125

Williams & Fudge, Inc.  
PO Box 11590  
300 Chatham Ave  
Rock Hill, SC 29730-4986

Woodforest National Bank  
PO Box 7889  
Spring, TX 77387-7889

World Recovery Service, LLC  
PO Box 953579  
Lake Mary, FL 32795